1444 392

FORM D

Name of Offering

CEC Mail Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response. 16.00

AUG 2 9 2008
Washington, DC

CS

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change.)

SEC USE ONLY						
Prefix	Serial					
	1.					
DATE R	ECEIVED					
1	1					

Metamorphic Ventures, LLC, Offering of Class	ss B Interests	
Filing Under (Check box(es) that apply):	ile 504 🔲 Rule 505 🔽 Rule 506 🔲 Section 4(6)	ULOE ULOE
Type of Filing:	ıt	E COMPILIARE DE
	A DACCO INDIVIDUO ATTOM DATE	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	er	
Name of Issuer (check if this is an amendmen	t and name has changed, and indicate change.)	08058926
Metamorphic Ventures, LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
450 Park Avenue South, 6th Floor, New York	k, New York 10016	(212) 209-3311
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		1
· .	nesses, principally in the digital media and finar	ncial technology business sectors
Type of Business Organization		DDOCECCED
		please specify): PROCESSED
business trust limite	ed partnership, to be formed Limited liabi	ility company
	Month Year	mated THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organ		mated DELITEDS
	er two-letter U.S. Postal Service abbreviation for State	" THOMSON REUIEKS
	N for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of sec 77d(6).	urities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
•		
	15 days after the first sale of securities in the offering the date it is received by the SEC at the address given be States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Com-	mission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice mus photocopies of the manually signed copy or bear type	st be filed with the SEC, one of which must be manual ned or printed signatures.	ly signed. Any copies not manually signed must be
• •	Il information requested. Amendments need only repo	U, 1 U

State

not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
• Each promoter of	the issuer, if the is:	suer has been organized v	vithin the past five years;		
Each beneficial ow	mer having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issue
• Each executive of	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
Each general and i	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	General and/or
oneth Boa(es) that hippiy,	D J 110motes	[a] Denement Owner	Excessive officer		Managing Partner
Full Name (Last name first,	if individual)				**************************************
Gersh Venture Holdings,					
Business or Residence Addre		Street, City, State, Zin C	ode)		
450 Park Avenue South,	•		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		E			Managing Partner
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·		
SFHVC, LLC					
Business or Residence Addre	ess (Number and	Street, City, State, Zin C	ode)		
One Paragon Drive, Suite		· · · · · · · · · · · · · · · · · · ·	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		<u>. </u>		<u> </u>	Managing Partner
Full Name (Last name first, EJ Solutions, LLC	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	 	
11 Taylor Lane, Harrison	New York 1052	28			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	_				Managing Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·	
Metamorphic Ventures M					
Business or Residence Addre			ode)	· · · · · · · · · · · · · · · · · · ·	
450 Park Avenue South	-	-	=		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
	,				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	<u> </u>			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	(Lice blo	nk sheet, or conv and use	additional conies of this s	heet as necessary	1

					В. 13	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	l, or does th	ne issuer it	ntend to se	II, to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No E
	Answer also in Appendix, Column 2, if filing under ULOE.							070 000 00					
2.	2. What is the minimum investment that will be accepted from any individual?						\$_250,000.00						
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit? ,				···		Yes	No ⊠
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/	-	Last name	first, if indi	vidual)							<u>,, </u>	-	
Bu	siness or	Residence	Address (N	umber and	1 Street, C	ty, State, Z	Lip Code)		· • · · • • • · · · · · · · · · · · · ·				
Na	me of As	sociated B	oker or De	aler									· · · · · · · · · · · · · · · · · · ·
Sta	ites in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)			***************************************		***************************************			l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	li Name (Last name	first, if indi	ividual)	<u> </u>								
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						· . I . I'
Na	me of As	sociated B	roker or De	aler									
Sta	ites in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)								☐ Al	l States				
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if indi	ividual)			•						
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	oker or De	aler									
Sta	ates in WI	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua!	l States)		•••••			••••	***************************************	☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s
	Equity	<u> </u>	
	Common Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests		\$
	Other (Specify Class B Interests		
	Total	30,000,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors	 	\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u> </u>
	Printing and Engraving Costs		s
	Legal Fees		\$ 200,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)	_	\$
	Total		\$ 200,000.00

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<u> </u>	\$ 29,800,000.0
S_29,80	0,000.00
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Issuer (Print or Type) Signature Date 8/27/08 Metamorphic Ventures, LLC Name of Signer (Print or Type)

Lewis Gersh Co-Chief Executive Officer of Metamorphic Ventures Management, LLC Managing Member of Metamorphic Ventures, LLC

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)